HOUSING ASSISTANCE PAYMENT REGISTER

Participant Number: _____

Participant Name: _____

Property Address: _____

City, State, Zip: _____

Owner Name _____

Address: _____

City, State, Zip: _____

Send Payment to Different From Owner:

C/O: _____

Address: _____

City, State, Zip: _____

Contract Rent | #REF!

Family Rent: | #REF!

Section 8: | #REF!

Utility Reimbursement | #REF!

Total HAP Payment: | #REF!

Total Tenant Payment | #REF!

Gross Rent: | #REF!

SOCIAL SECURITY NUMBER
_____

TIN NUMBER
_____

Unit Size _____

Elderly Status (0, 1,2) _____

Next Annual Certification _____

Effective Date _____

I	_____	New Admission
2	_____	Annual Certification
3	_____	Interim Certification
4	_____	Portability Move-in
5	_____	Portability Move-out
6	_____	End Participation
7	_____	Other Change
8	_____	FSS/WtW Addendum Only
9	_____	Annual Certification Searching
10	_____	Issuances of Voucher
11	_____	Expiration of Voucher
13	_____	Annual HQS Inspection Only

_____ Change Owner Name/Address
Effective Date
_____ Initiate/Change Utility Reimbursement
_____ Change Family Name
_____ Hold Payment

Notes: